

Connections-2010

Bulletin of the Government Medical College Chandigarh Old Students Association (GMCCOSA)

And now I can say that ...

Last year around November, my life was in indecision – whether I will be able to start my residency this time, whether or not my visa gets approved and if Pathology is really meant for me. And within a year, it has all changed – I was sharing the dinner table with prospective residents, telling interviewees about the program and how to approach it all. I guess it happens to all of us!

The more I learn about the interview and the matching process for the USMLE, the more I realize how narrow our perspectives as candidates can be! Of course, marks are the most important criterion to get an interview in first place – and higher the scores, the better are the chances. Having a couple of publications and/or presentations (national or international) and some work to show your inclination towards that specialty does help a lot. However, it all essentially boils down to your performance on the day of the interview.

Never undermine the importance of a smile (you however do not want to grin all the time) and a cordial manner of talking – being from the culture that we all are, it sometimes becomes difficult to talk during the interview and one may feel how irrelevant some comments and questions can be – but remember that it's your only chance to show that you interviewed for the spot and yeah! You are interested as well. Furthermore, do not underestimate how looks can matter – you may not find using a deodorant or wearing a proper shirt and tie as important but remember the people who interview you and the residents who may be guiding you on the day of the interview might not think so and may even judge you on your stinking odor and shabby looks. Of course you do not want to overdo it either by smelling like a floral wreath.



Gut feeling is an important factor while the rank order list gets made, at least in my program. I learned about the rank order list which the RAFT committee made after the two interviews, and it was surprising to learn that most of the people who got ranked did so because they were able to strike a rapport and show that they fit in well in the current bunch. And their scores, past record etc barely mattered at that stage. In fact, some of those who were too desperate about showing their knowledge base or flaunting about their achievements did not even make it to the second set of choices. Being a citizen was useful, but then we do not have the privilege to change that, at least for now.

So, what so ever might have I written in the past about interviews and USMLE was some from my experience but was largely hearsay. And now I can say that entirely from the first hand knowledge about behind the scene activity. On that note, good luck to all of you who aspire to make it to your destinations – and make sure when you get there, you send us your version of how the world looks then.

Wishing the entire GMC fraternity a very Happy New Year, 2010!

Charanjeet Singh, 1999 batch

In Conversation with Navneet Majhail



Thank you for agreeing for this talk. Please tell us in a nutshell about your career journey starting from GMCH till now?

When I finished internship, I had no idea about what to do next in life – all I knew was that anything I did in the future would not involve Psychiatry, Gynaecology or Radiology (no offence to those specialties, and for the record, I am married to a psychiatrist) and that I had to spend some time in PGI. We had some of our clinical classes in PGI (we did not have the ‘H’ of GMCH then) and I was completely smitten by that place. So I took up a job as a research fellow in Internal Medicine at PGI – I worked without pay for three months, and then was ‘officially’ given this appointment and started getting a small stipend.

As much as I wanted to stay in PGI, I did not get through their PG entrance exam, but did get through in AIIMS. At my rank, the coveted specialties of Surgery, Medicine, Orthopaedics and Pediatrics were out of reach – and since I still did not know what to do with my career, I decided to try something new and unconventional and ended up taking Radiation Oncology on a trial basis. Within a few months of starting, I realized that oncology was something I could do all my life. When I was at AIIMS, some of my very best friends (from GMCH) were giving the USMLE, so I followed them to visit Bangkok, and in the process gave the USMLE.

After finishing residency at AIIMS, I was accepted for residency in Internal Medicine at the Cleveland Clinic. Since I still wanted to pursue oncology, I ended up with a fellowship in Haematology-Oncology at the University Of Minnesota. During my residency/fellowship, I developed an interest in bone marrow transplantation and in clinical research – so trained further in both those fields during my fellowship and now am a faculty at the University of Minnesota.

Being settled in US, what stand do you have in favour of doctors leaving their home for better job opportunities outside?

I am neither in favour nor against people emigrating from India – it is a personal decision. In general, it is the ‘cream of the crop’ that leaves our country. Reasons for this include lack of or a perceived lack of opportunities, disillusionment with the practice of medicine, and lack of mentors and role models at home. Others leave for materialistic reasons. However, for those of us who leave, we should remember that we have a huge debt to pay back to India, especially given the highly subsidised medical education we receive. One can pay back by sharing time, experience, expertise and/or money. The health care sector in India is burgeoning, and I predict that in the future, a number of Indian trained physicians who presently reside abroad will decide to come back because of better opportunities at home.

Dr. Majhail was a student of the first ('91) batch of the GMC and he currently is an Assistant Professor in the Division of Hematology, Oncology and Transplantation at the University of Minnesota and an Assistant Scientific Director with the Center for International Blood and Marrow Transplant Research. GMCCOSA is his brain child and he leads the editorial board of the Connections.

He was recently interviewed for the GMC annual magazine, Glimpse. Here are a few excerpts.

Message for the GMC students:

“The day you complete internship will be the most unsettling moment of your life - the uncertainty of the future will be disconcerting. Follow your instincts and have the courage to do something that may not be the norm. Stay focused on your long term goal and do not get enticed by short term gains. Make the best of your time at GMCH – learn medicine, but also enjoy – this will be the best period of your life – the bonds you make now are eternal.”

How do you compare the work atmosphere in the US with that present in INDIA?

Work atmosphere depends on whether you are in clinical practice or academics. Clinical practice is more intense in the US with the requirements for documentation and reimbursement. So I do miss the 'time-out' for *chai* and *samosas*. Patients are better informed and treated with more respect and dignity. But many times, they are 'consumers' of the health care system and come with that perspective – patients in India are more appreciative. There is greater focus on diagnostics and less reliance on clinical methods. Academics is also intense, but in a different way. One has to keep up with finding funding to support research, for example. But there is the potential to explore ideas and develop something new. Relationship with colleagues is less hierarchical – you can call your 'Professor' by their first name and they can be wrong!

You are the founder of GMCCOSA, the alumni association of college. Please tell us to how much the college is supporting you and the need to have a common Diaspora for the college alumni?

We have never formally approached the college administration for support. One of our mottos is to 'give back' – and we have tried to achieve this through 'Koshish', funds for Euphoria and student research awards. I do think there are many opportunities for the college to tap into the resources of its alumni. For instance, we have been interested in setting up a mentorship program to connect students with alumni and involvement of the college administration could facilitate this program.

With current online applications (e.g. Orkut, Facebook, Twitter), staying connected is much easier now compared to even five years ago when we started GMCCOSA. However, one tends to stay in touch with only the best of friends and a common alumni portal is still needed to keep abreast with what is happening with your alma mater, your classmates and your friends. As graduates from initial batches start to finally settle down in their respective careers, we also hope to serve as a conduit for giving back to GMCH.

Any particular incident you remember from college life.

There are many – the first mass bunk, and the following day, the first lohri at GMCH (you can imagine how that went); the first clinics – at the Sector-22 Polyclinic and the Sector-16 General Hospital; the first sports day and the first annual day; the first time we actually had a desk and chair to sit on; the first cadavers ever to come to GMCH; our first visit to PULSE; our move to the first GMCH boys hostel (4th floor of the Sarai building); the first patients who inhabited GMCH (only the first two floors of Block A were functioning then); the list is endless. When some of us from the '91 batch got together in Chicago earlier this year, we tried to refresh our memories about these events and we could still narrate them as if they happened yesterday.

The 4-week strike that we led for our teaching hospital is still one of my most memorable experiences. The tent we had set up right outside Sector-22 Polyclinic, the speeches, the slogans, the marches, and the media limelight we received are still fresh in my mind. We blocked the Aroma chowk and burnt effigies. We had to work hard to keep our cause from getting politicised. There was the relay hunger strike, with our hungry strikers slipping away late in the night to Aroma for a bite. People had a lot of down time and were able to realize new skills (e.g. palmistry exclusive for feminine hands). Cupid struck and pairs were made or reinforced. But overall, we worked hard and were able to get the college one step closer to recognition.

Any particular personality that served you as a mentor in your formative years as a MBBS students.

I had role models, but unfortunately, no mentors. I consider Prof Chopra and Prof Kak as my role models – for what they achieved and their stature in their respective fields as well as their attitude of getting things done. But the concept of 'mentoring' in our medical education system is lacking – no faculty in particular helped me understand my strengths and weaknesses or gave me the guidance to shape my career. We have some excellent teachers but are deficient in good mentors – and I do think this is something that needs to be rectified.

GMCH started in '91 and in less than two decades is now amongst the top 14 medical colleges in INDIA. Any suggestions for making our college at par to the global standards of medical schools?

An institution is made by its people. The current reputation of GMCH is the legacy of our graduates and some of our initial faculty. I am certainly proud that GMCH is considered among the best medical colleges in India, but at the same time one should be realistic – we still have ways to go before we can be at par with stalwarts like AIIMS and PGI. Senior faculty and administrators need to have the vision to take GMCH to the next level. We need superb faculty researchers and teachers. Students have to continue to excel both during and after GMCH. For global recognition, we need more nationally and internationally acclaimed faculty and graduates. If we have good people, they will bring the ideas, resources and infrastructure to make GMCH a greater success.

Finally your message to current college students?

The day you complete internship will be the most unsettling moment of your life - the uncertainty of the future will be disconcerting. Follow your instincts and have the courage to do something that may not be the norm. Stay focused on your long term goal and do not get enticed by short term gains. You might feel you are the most unimportant thing at GMCH right now – but as a physician, whatever career path you choose, you will eventually be a leader. You will have the power to save lives and to change lives. Make the best of your time at GMCH – learn medicine, but also enjoy – this will be the best period of your life – the bonds you make now are eternal. Quoting my very good friend and classmate Nittin Mittal, “You make friends in medical college, after that you only make colleagues”. And last but not the least, stay connected and remain in touch with us at GMCCOSA.

Career Series: Attraction Towards the MBA

Dr. Mona ('01 batch) is pursuing MBA at XLRI – School of Business and Human Resources

Why MBA?

Until a few years ago, Medicine and MBA in India were complete strangers. In recent times, however, a business management degree has become a popular among doctors. The trend is still in the nascent stage, but with changing times it may soon become a popular career choice for doctors.

After years of either studying or practicing medicine, some doctors feel they need to obtain an advanced business degree such as a MBA. They want to do something more exciting and challenging, which would also give them more satisfaction. The reasons seem to be mainly to gain self-sufficiency, job satisfaction, and a better position for themselves in the managed Healthcare sector.

Medicine is a very specialized field. Everyone wants an adventurous career path. Whereas a business degree provides a larger canvas to explore and helps you broaden your horizons. Better monetary rewards and new business prospects are an added draw.

Entrepreneurship is an attracting option these days. Being your own boss gives the best satisfaction to oneself. Some doctors plan to start their own business at a later stage in the future; experience in management gives them the required corporate exposure.



Change in perspective

While B-schools provide substantial expertise and skills, many doctors feel that B-schools have also given them a change in perspective. Doctors are usually strong headed human beings. They have logic for everything, but at the same time they totally understand that every logical thought doesn't need to have a conclusion. Thus they don't get easily affected or influenced by others. The new atmosphere alters the perception and broadens the tubular vision of a doctor. Management helps you remove your mental blocks and gives you wider perspective, making you receptive to changes.

Management certainly gives a newer and wider perspective. One not only starts thinking from a clinical aspect but also from the administrative aspect. The students are from diverse backgrounds thus giving an opportunity to learn a lot from each other. The exposure is enormous not only in the healthcare field but also in other sectors.

Change in environment

Medicine is altruistic in nature whereas business tends to be more competitive and ruthless in character. With both fields being so different temperamentally, one really wonders how doctor-managers cope and adapt to the change in environment.

Management provides the knowledge as well as the high income of a businessman. Most of the times doctors are so busy with their profession, they have little social life. The hospital atmosphere is filled with depression and agony where they spend most of their time. On the other hand a business atmosphere is lively and dynamic. One is constantly interacting with large number of individuals and with every communication one is learning new things

Medicine has lost its altruistic nature to an extent. Everything has become commercialized; doctors also have the urge to earn money which they want to fulfill. Formally pursuing a business degree helps them use their medical knowledge and business expertise by working in the relevant field and earning a handsome amount of money rather than being vindictive. Also another aspect in terms of change in environment is with respect to the curriculum and the traditional perception about doctors.

Future opportunities

Business education may be rigorous, but the hard work and expense can actually yield more opportunities. There are various options for doctor-managers but finally it depends on what the individual wants to do. Some students want to leave medicine completely thus they take up options like investment banking, marketing in an FMCG or field of operations. On the other hand there are few who want to work in the clinical as well as administrative field thus they have an option of working in hospitals, carrying out clinical research or being a part of medical tourism. The industry can be divided into two divisions, services and products. In case of services doctor-managers can be involved in any functional aspect including finance, marketing or human resources. But on the other hand in products doctor-managers are mainly involved in only certain fields like marketing or supply chain.

The healthcare industry provides one with varied options. An individual with a medicine background can take up any specialization and yet be a part of the Healthcare industry. The various options are IT consulting, research and development for pharmaceutical companies or individuals can handle administrative functions within hospitals. One can also take up marketing for healthcare organizations.

What the industry says

With business management degree gaining popularity among medicine graduates the industry too is slowly waking up to these new management entrants.

"Industry is slowly recognizing the entry of doctors into the business field. The industry has started working towards finding appropriate roles for them in the management team. The industry wants to make best possible use of them thus they are working to nurture and cultivate them, in order to fit them into managerial roles accordingly," explains Mr Kapil Raina of GSK.

“Corporate hospital chains like Apollo, or pharmaceutical companies like Wockhardt require individuals with not only clinical but administrative knowledge. In other sectors too doctors are recruited largely in their healthcare division. For example a student was recruited by Hindustan Lever Ltd (HLL) in there the healthcare division,” discloses Dr Kavita Singh.

“Most of the doctors in the full time MBA batch have varied career options therefore can choose any they desire. Whereas in the specialized Healthcare MBA the students are trained for jobs only in the healthcare industry,” she concludes. Doctor-managers surely have loads of unharnessed opportunities waiting for them in future.

Mona Galhotra, 2001 batch

Blogging for Betterment

A team of anesthesiologists at the University of Kentucky Medical Center and the Kentucky Children’s Hospital has initiated a blog www.pediatricanesthesia100.blogspot.com. All hits and contributions to this blog help in setting up a facility for pediatric pain management at the Kentucky Children’s hospital. This fall, I joined hands with the team and started the process of expansion of this portal on a global scale. The patron of this blog is Dr. Raeford Brown who is Professor of Anesthesiology and Pediatrics at the University of Kentucky Medical Center and Chief of Division of Anesthesia at Kentucky Children’s Hospital. The team includes me and Dr’s Raeford Brown Jr, Arundhati Reddy and Destiny Chau. The following is a message from Dr. Brown:

“I started the blog a couple of years ago as a teaching instrument. It is my belief that people learn in different ways and that the information and "wisdom" that we must provide for residents and fellows should come to them in a variety of different ways. To that end, I started putting teaching modules on Wildcatanesthesia.com. Over time I have expanded the offerings to include my experience, important papers, problem based learning discussions, manuals for pediatric anesthesia, sedation, and pain control, as well as video presentations and slide presentations. I wanted to use the blog to add to this format as a way for residents and others to actively participate in the process of learning - including asking questions, posing scenarios, and letting me know what things we needed to spend time on. I believe this is an excellent portal for all budding pediatric anesthesiologists’, pediatric intensivists and even pediatricians and pediatric surgeons to learn more from each other’s experiences.

At this point I have been able to use the blog as a way of talking about some of the clinical art in what we do. I have tied the blog to face book and have received many positive comments about some of the less technical and more humanistic aspects of the care of infants and children. The blog is a way to talk to the world, which is the wonderful thing. It is a device for the people on this side of the planet to interact with folks on the other side. I hope that my friends in India, Pakistan, and China and every place in between will step up and write about their experiences ... that is what the blog is for.

If anyone is interested in contributing, go to blogger on the Google website and set up an account. If you let me or Ashish know we can plug you in as an editor. Comments can be made without becoming an editor. There is also a mechanism on the blog site to ask questions. And remember whatever you do on this blog, even if you visit the blog, you do help a child at the Kentucky Children’s Hospital.

I am a Pediatric Anesthesiologist in Lexington Kentucky. I have been taking care of infants and children for more than twenty five years and I really enjoy every aspect of my profession. Aru Reddy, my partner in crime, is a dedicated and wonderful pediatric anesthesiologist that I have had the pleasure of working with her for many

years. Dr Destiny Chau is an Assistant Professor in the Department of Anesthesiology at the University of Kentucky ... she may be the smartest person in this universe. She will be at Children's hospital of Philadelphia in 2010 completing a fellowship in the management of infants and children with complex cardiac disease. I hope that this will be a medium to inspire good all round peri-operative physicians in all parts of the world."

I do believe that pediatric anesthesia is a little known entity in our part of the world. I know that some of the readers would be those of you at the crossroads of making the all so important decisions regarding postgraduate education and related specialties. All of us have our own set of criteria in place when we chose what we want to specialize in. And there are a million questions that need answers - I hope that I can provide those answers and in the process inspire the pediatric anesthesiologist within some of you. If you have any questions, concerns or contributions, regarding the blog or the specialty please do write to me at dr_ashishkhanna@yahoo.com or you can contact Dr Brown.

Ashish Khanna, 1998 batch

Kudos ...

Navneet Singh ('92 batch) was selected by the American Academy for Cancer Research (AACR) to be a recipient of the AACR-NCI International Investigator Opportunity Grant. As part of this grant, he attended the AACR conference on Frontiers in Cancer Prevention Research held at Houston, Texas, USA from December 6-9, 2009 and visited the M.D. Anderson Cancer Centre.

Nipun Vinayak ('93 batch) has been posted as Deputy Secretary and Director of Jalswarjaya; Nipun is an IAS officer in the Maharashtra cadre.

Euphoria 2010

The 2006 batch is organizing Euphoria (11th to 14th Feb, 2010), details: www.euphoria2010.com.



Tied in Marital Bliss ...

Ashish Khanna ('98 batch) wed Niyati Mahajan ('00 batch) (pictured here)

Rupinder Deo ('98 batch) got engaged in December 09

Manoop Mittal ('98 batch) tied the nuptial knot in 09

Ravjot Sarao ('99 batch) got married in December 09

Neeraj Gupta ('99 batch) got married in December 09

Sandeep Takkar ('99 batch) got married in November 09.

Avisham Goel ('99 batch) got married in November 09

Mohit Bansal ('00 batch) wed Garima Shivhare ('00 batch)



Reunions...

Reunion in Chicago: Saloni ('96), Raman (Saloni's husband), Preeti ('96), Aashish ('96), Adi ('96), Tina ('98), Rajbir ('96), and Rajinder (Rajbir's husband) (photo courtesy Rajbir Gulati)



New Year reunion in Detroit (attendees ranged from 1991 to 2001 batches): Shikha and Puneet Tuli, Sumedha and Sanjeev Dhankar, Mili and Manish Thakur, Aman and Gurkirat, Surbhi Saini and Ashish Saini



Residency and Fellowship Updates ...

Sanjeev Dhankad ('97) matched for a fellowship in Gynecological Oncology at Mayo Clinic, Rochester, MN, USA

Geetinder Goyal ('97) matched for a fellowship in Pulmonary Medicine at Yale University, New Haven, CT, USA

Manoop Mittal ('98), DM, Cardiology at SMS, Jaipur, Rajasthan

Ashish Khanna ('98) accepted a position in Anesthesiology at the Cleveland Clinic, Cleveland, OH, USA

Parminder Rathore ('98), Resident, Family Medicine, Grand Rapids Medical Education and Research Center, Grand Rapids, MI, USA.

Rajeev Garg ('99), MCH, Neurosurgery at PGIMER, Chandigarh

Veeraish Chauhan ('99) matched for fellowship position in Nephrology at Drexel University, Philadelphia, PA, USA

Adarsh Sai Jindal ('01), Research Associate, Creighton University, Omaha, NE, USA

Gurpreet Sandhu ('01), Post doctoral associate, University of Wisconsin, Madison, WI, USA

Megha Tiwari ('02) accepted a position in Family Medicine at the Michigan State University, Lansing, MI, USA

Priyanka Gupta ('03), MD, Gynecology and Obstetrics, PGIMER, Chandigarh, India

Anita Rani ('03), MD, Gynecology and Obstetrics, PGIMER, Chandigarh, India

Connected...



Navneet Majhail ('91 batch), Divyanshoo Kohli and Harshabad Singh (both from '03 batch) got together in December 2009 at the American Society of Hematology meeting at New Orleans. Divyanshoo is a Post-Doctoral Fellow in Vascular Biology at the University of Minnesota and was invited to give an oral presentation on his research, "Cannabinoids as analgesics for pain in sickle cell disease". Harshabad is a Research Fellow at the Center for Regenerative Medicine and Technology at Massachusetts General Hospital-Harvard Medical School.

GMC Updates ...

The 6th convocation of GMCH was held on Oct 24, 2009. Students from 2001, 2002 & 2003 batches got their degrees. The chief guest was the health minister of Sri Lanka, Shree Nimal Siripala de Silva. Congratulations to the folks who got the 'hard -fought' degrees!



Tip for the Residency Interviewees ...

A pearl from Anup Kumar ('99 batch): Local travel can form a major chunk of expenses while being in the United States for residency interviews. It saves money to buy a 500\$ bus pass from Greyhound. The pass is valid for travel across US for 2 months – and there is no limit to the number of trips that you can make during this period.

We Want Your Feedback!

We want to hear from you. Do send us your comments and suggestions for improving our website. If you move, get accolades, land a residency position, get married, have babies, get an award, elope with someone – don't be modest, let us know and allow us to share your moments of joy. If a few or a lot of you are getting together, take a camera along, click some photographs and send us a few where everyone looks perfect. If you have an earth shattering idea for our alumni portal, let us know – we might even nominate you for the Nobel Prize! If you have a simple idea to make us better, let us know as well. As we always say – stay in touch and stay connected. Write to us at gmccosa@yahoo.com.



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